

## University of Groningen

### Deconstructing depression

Monden, Rei

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## **Propositions**

Belonging to the dissertation

### **Deconstructing Depression: A 3D perspective**

1. Variations on the person, symptom and time-point level all account for depression heterogeneity and should ideally not be regarded separately. (Chapter 1)
2. A Three-mode Principal Component Analysis (3MPCA) can be used to simultaneously identify the major sources of heterogeneity at the person, symptoms and time-point level. (Chapter 1)
3. Two distinctive depression prototypes ("somatic" and "mood/cognition") can account for symptom- and course-heterogeneity in depressive patients. (Chapter 2)
4. Decomposing depression heterogeneity at person, symptom, and time-point level reveals distinguishable components at each level but also shows the importance of considering the interactions between these levels. (Chapter 3)
5. A model accounting for depression heterogeneity at the person, symptom and time-point predicts long-term depression outcomes better than traditional predictors (Chapter 4)
6. Patients' responses to antidepressant treatment vary strongly in terms of how different symptom domains develop over time, suggesting that there is no uniform antidepressant treatment response. (Chapter 5)
7. Looking at depression heterogeneity in 3D offers new possibilities for the development of more patient-specific etiological models and clinical characterizations. (Chapter 6)
8. A dimensional approach to psychopathology offers more benefits than drawbacks. (Chapter 7)
9. Phenomenological dimensions of depression show only weak associations with biomarkers. (Chapter 7)
10. As researchers, clinicians, and patients can see 'depression' very differently, statisticians, clinical researchers and clinicians disagree on what 'statistics' mean and can tell us.
11. We cannot solve our problems with the same level of thinking that created them. (Albert Einstein)

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**Rei Monden**

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